

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036498

1. Entity Name

BIGFX, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90134 005 \*\*\*150.00

Principal Place of Business

Mailing Address

4503 S CAMERON AVE  
TAMPA FL 33611-2222

4503 S CAMERON AVE  
TAMPA FL 33629-7819

CU0011646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3805 W. SAN JUAN ST

3. Mailing Address

3805 W. SAN JUAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33629-7819

Country

USA

Zip

33629-7819

Country

USA

4. FEI Number 59-3376911

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURLEY, DAVID

4503 S CAMERON AVE  
TAMPA FL 33611-2222

3805 W. SAN JUAN ST.  
TAMPA, FL 33629-7819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*David L. Hurley* DAVID L. HURLEY, PRES 1/18/00

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HURLEY, DAVID	
STREET ADDRESS	4503 S CAMERON AVE	
CITY-ST-ZIP	TAMPA, FL 33611-2222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AARON D. HURLEY VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AARON D. HURLEY	
STREET ADDRESS	203 ADELAIDE BOULEVARD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David L. Hurley* DAVID L. HURLEY, PRES 1/18/2000 813621 7841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #